



OFFICE OF CONSUMER AFFAIRS
P.O. Box 526
RICHMOND, VA 23218
804-786-1343

APPLICATION FOR REGISTRATION EXTENDED SERVICE CONTRACT PROVIDER/OBLIGOR

1. NAME OF OBLIGOR: _____

TRADING AS: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: () _____

G CORPORATION **G** PARTNERSHIP **G** LLC
G SOLE PROPRIETORSHIP **G** LIMITED PARTNERSHIP

NATURE OF BUSINESS: _____

STATE OF DOMICILE: _____

2. LOCATION (IF DIFFERENT) WHERE BUSINESS RECORDS ARE KEPT:

COMPANY: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

3. THE OBLIGOR, THE PERSON CONTRACTUALLY OBLIGATED TO THE PURCHASER, IS:

G THE MANUFACTURER OF THE PRODUCT

G THE SELLER OF THE PRODUCT

G THIRD PARTY OBLIGOR

4. IF YOU ARE THE THIRD-PARTY OBLIGOR, YOU MUST SUPPLY EITHER YOUR MOST CURRENT FORM 10-K OR FORM 20-F, AS FILED WITH THE SECURITIES AND EXCHANGE COMMISSION, OR A COPY OF A CONTRACTUAL LIABILITY INSURANCE POLICY ISSUED BY AN INSURER AUTHORIZED TO DO BUSINESS IN THIS COMMONWEALTH WHICH COVERS 100% OF THE OBLIGOR'S SERVICE CONTRACT LIABILITIES, INCLUDING THE ADMINISTRATION AND THE COST OF ADMINISTRATION OF THOSE CLAIMS.

vvvPLEASE MARK AS EXHIBIT A. vvv

5. TOTAL GROSS DOLLAR AMOUNT OF ALL UNEXPIRED EXTENDED SERVICE

CONTRACTS: **Z**_____

This is **the total amount paid by the consumer** for the extended service contract for all contracts still in effect.

6. AMOUNT OF BOND OR LETTER OF CREDIT ON DEPOSIT WITH THE DIVISION OF CONSUMER AFFAIRS **Z**_____

Please see back page for required surety amounts.

IDENTIFYING NUMBER:_____

NAME OF ISSUER:_____

CONTACT PERSON:_____

CONTACT TELEPHONE:_____

vvvUSE ADDITIONAL PAPER IF NECESSARY TO FULLY DISCLOSE.vv

7. ATTACH A COPY OF ALL EXTENDED SERVICE CONTRACT(S), MAINTENANCE , SERVICE AGREEMENTS, SERVICE CONTRACTS WHICH CREATE THE LEGALLY BINDING OBLIGATION FOR THE OBLIGOR.

vvvPLEASE MARK AS EXHIBIT B.vvv

8. ATTACH YOUR CHECK FOR **Z**100.00, PAYABLE TO THE TREASURER OF VIRGINIA , TO THE ENCLOSED REMITTANCE FORM. FOLLOW THE MAILING INSTRUCTIONS ON THE BOTTOM OF THE REMITTANCE FORM.

I CERTIFY THAT ALL THE INFORMATION CONTAINED IN THIS REGISTRATION APPLICATION IS TRUE AND CORRECT.

DATE: _____

SIGNATURE: _____

NAME: _____
PLEASE PRINT

TITLE: _____

SWORN AND SUBSCRIBED TO BEFORE ME, A NOTARY PUBLIC, IN AND
FOR _____ ON THIS _____ DAY OF _____
STATE, CITY AND/OR COUNTY MONTH YEAR

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES: _____

NOTE:

- i i i** The owner, authorized officer or agent must sign this registration application. Registration forms that are not complete and properly filled out, signed and notarized will be considered deficient and registration will be withheld until the filing is complete.
- i i i** All bonds must be on forms supplied by the Office of Consumer Affairs, without modification of, or additions and/or deletions for any reason. Failure to comply with this requirement will delay registration and registration will be withheld until this requirement is met.

BOND OR LETTER OF CREDIT REQUIREMENT

Total Amount of Unexpired Extended Service Contracts

Amount of Bond or Letter of Credit

\$0.00 to \$50,000	\$20,000
\$50,001 to \$300,000	\$50,000
\$300,001 to \$750,000	\$75,000
\$750,001 or more	\$100,000

The total amount of unexpired Extended Service Contracts represents the **total gross charge to the consumer** for the purchase of the Extended Service Contract for every contract still in-force at the date of registration application.

REGISTRATION APPLICATION CHECKLIST

Have you enclosed the following items in this filing?

- ☐ \$100 REGISTRATION FEE PAYABLE TO THE TREASURER OF VIRGINIA AND ATTACHED TO THE ENCLOSED REMITTANCE FORM.
- ☐ **THIRD PARTY OBLIGORS ONLY:** SEC FORM 10-K OR FORM 20-F OF THE APPLICANT MOST RECENTLY FILED WITH THE SEC INDICATING AT LEAST \$100,000,000 NET WORTH, OR,
- ☐ **Mark as Exhibit A**
- ☐ AN INSURANCE POLICY ISSUED BY AN INSURER AUTHORIZED TO TRANSACT BUSINESS IN THE COMMONWEALTH OF VIRGINIA WHICH COVERS 100% OF THE OBLIGOR'S SERVICE CONTRACT LIABILITIES INCLUDING THE ADMINISTRATION AND THE COST OF ADMINISTRATION OF CLAIMS.
- ☐ **Mark as Exhibit A**
- ☐ COPIES OF ALL EXTENDED SERVICE CONTRACT PROPOSED FOR USE IN THE COMMONWEALTH OF VIRGINIA
- ☐ **Mark as Exhibit B**
- ☐ PROOF OF REQUIRED SURETY

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